

DEPARTMENT OF HUMAN SERVICES

ADMISSION CRITERIA

FOR

Juvenile Justice

Treatment Program

Check the most serious needs level of youth and the behaviors you will accept for placement.

The scores you enter will be compared to the Youth Scores on the Treatment Plan.

Facility Name		Provider #
Program Name		
Primary Population Served		
<input type="checkbox"/> Juvenile Justice (Delinquent)		<input type="checkbox"/> Abuse/Neglect
Security Level		
Geographic Area Served		
Age Range Served:		Gender Accepted:
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
		<input type="checkbox"/> Both (Can only be used if vacancies are reported as both.)

Is this program eligible for IVE funding? ☐ Yes ☐ No

Does this program have a contract with DHS? ☐ Yes ☐ No

D1 Family Relationships

Does youth have an identified family? ☐ Yes ☐ No (If no, do not answer this question.)

- ☐ (+3) Family **consistently** demonstrates **positive** and age appropriate relationships, communication, protection, nurturing and social activities.
- ☐ (0) Family demonstrates adequate and age appropriate relationship practices, supportive of treatment.
- ☐ (-3) Family demonstrates inadequate relationship practices. Family members may visit, but are verbally opposed to treatment or not supportive of the treatment process
- ☐ (-5) Family demonstrates destructive and/or abusive relationship practices.
 - ☐ Youth's family is not supportive of treatment
 - ☐ Youth's family is destructive, will impede treatment process

Explain the services provided by your department.

["Click Here and Type"](#)

D2 Emotional Stability

- ☐ (+3) Displays ability to deal with disappointment, anger, and grief in a positive manner. Expresses an optimistic view of personal future. Youth expresses empathy, shows concern for others.
- ☐ (0) Displays appropriate emotional responses. Displays age appropriate emotional, coping responses. May demonstrate some depression, anxiety or withdrawal symptoms that are situational. Maintains appropriate emotional control.
- ☐ (-3) Periodic or sporadic emotional responses which limit but do not prohibit adequate functioning such as aggressive acting out, withdrawal, mild symptoms of depression, anxiety, neuroses or need for psychotropic medication.
- ☐ (-5) Frequent or extreme emotional responses which severely limit adequate functioning. Includes incidents of suicidal gestures, need for mental health treatment, hospitalization, psychotropic medication, self-abusive behaviors or fire setting behavior.
 - ☐ Suicide Attempt(s) (Documented or Self-reported)
 - ☐ Within 1 year
 - ☐ Within 2 years
 - ☐ Suicide Posturing / Gestures
 - ☐ Severe Mood Swings
 - ☐ Fire Setting (Gratification)
 - ☐ Fire Setting (Retaliation)
 - ☐ Fire Setting (Accidental)
 - ☐ Self-Mutilation
 - ☐ Active / Recent
 - ☐ Requires Professional/Medical Attention
 - ☐ Truancy (Community-Based)
 - ☐ Truancy/Escapes (Placement) Which Security Level?
 - ☐ Non-Secure
 - ☐ Secure
 - ☐ Mental Illness (DSM) *details below
 - ☐ Psychotropic Medication
 - ☐ A.D.H.D.
 - ☐ Anti-depressant
 - ☐ Anti-psychotic
 - ☐ Combination of Types
 - ☐ Abuse of Animals
 - ☐ Enuresis (Related to emotional conditions)
 - ☐ Manipulation of Bodily Fluids (smearing etc.)

Explain the services provided by your department.

["Click Here and Type"](#)

D3 Substance Abuse

Any use of illegal substance(s) by the youth is problematic and must be addressed in the service plan for the youth. If the youth is scored – 0-, substance abuse education services must at least be provided or documentation of past participation by the youth. **If the youth scores -2 or -4 a referral for a substance abuse assessment and or treatment must be provided.**

- ☐ (+2) No use by youth.
- ☐ (0) Experimentation, occasional / infrequent use that does not cause problems in daily functioning. Substance use issues are admitted and willingness to seek treatment is exhibited or family members are currently in treatment.
- ☐ (-2) Some substance use by youth. Some substance use problems resulting in disruptive behavior, discord in relationships, and/or deterioration of functioning in school/work.
- ☐ (-4) Chronic substance abuse that limits daily functioning. Denial of substance abuse problems. There have been failed attempts at rehabilitation and/or selling drugs. Problems resulting in serious disruption of functioning, such as loss of relationships, job, removal/dropping out of school, problems with the law, and/or physical harm to self or others, dependency.
- ☐ Denial ☐ Prior Treatment Failures
- ☐ Refusal of Treatment ☐ Selling drugs
- ☐ Prior successful treatment

Describe substance use/abuse noted above by type that department will admit to care.

- | | | | |
|----------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> PCP | <input type="checkbox"/> Injects any substance |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Marijuana/Cannabis | <input type="checkbox"/> Inhalants | <input type="checkbox"/> Cigarette Use |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Prescription Medicine | <input type="checkbox"/> LSD | <input type="checkbox"/> Other |

Explain the services provided by your department.

["Click Here and Type"](#)

D4 Social Relations

- ☐ (+2) Routinely interacts with peers and adults who display healthy beliefs and model responsible behavior; has some close relationships with adults. Able to maintain positive relationships with peers and adults.
- ☐ (0) Shows some ability to relate and interact with others and is developing skills to choose appropriate models.
- ☐ (-2) Interacts and relates to other(s) but primarily chooses negative/criminal role models of self-degradation/criminal nature and/or is a gang member. Youth expresses plans to resume negative/criminal behavior upon return to the community.
- ☐ (-4) Does not interact or relate to others and/or lacks social skills. Youth does not cooperate with the group process.
- | | |
|--|--|
| <input type="checkbox"/> Oppositional/Defiant | <input type="checkbox"/> Physical Aggression |
| <input type="checkbox"/> Intimidating/threatening (Non-physical) | <input type="checkbox"/> Provoked |
| <input type="checkbox"/> Predatory (Non-Sexual) | <input type="checkbox"/> Unprovoked |
| <input type="checkbox"/> Socially Withdrawn | <input type="checkbox"/> Adults |
| | <input type="checkbox"/> Peers |
| | <input type="checkbox"/> Persistent |
| | <input type="checkbox"/> Occasional |
| | <input type="checkbox"/> Weapon |

Explain the services provided by your department.

["Click Here and Type"](#)

D5 Education

Admit Special Education?

☐ Yes

☐ No

If Yes (check all you will accept)

- | | | |
|--|---|--|
| <input type="checkbox"/> Emotionally Impaired: EI Rule 340.1706 | <input type="checkbox"/> Cognitively Impaired: CI Rule 340.1705 | <input type="checkbox"/> Otherwise Health Impaired: OHI Rule 340.1709(a) |
| <input type="checkbox"/> Speech and Language Impaired: SLI Rule 340.1710 | <input type="checkbox"/> Learning Disabled: LD Rule 340.1713 | <input type="checkbox"/> Traumatic Brain Injury: TBI Rule 340.1716 |
| <input type="checkbox"/> Hearing Impaired: HI Rule 340.1707 | <input type="checkbox"/> Autistic: AI Rule 340.1715 | |
| <input type="checkbox"/> Visually Impaired: VI Rule 340.1708 | <input type="checkbox"/> Physically Impaired: PI Rule 340-1709 | |
- ☐ (+2) Enrolled, attending, no history of behavior problems, functioning at expected grade level or has GED or High School diploma.
- ☐ (0) Has occasional problems with attendance, class work effort or behaviors, but continues to function at expected grade level.
- ☐ (-2) Chronic problems with attendance, class work effort or behaviors, and/or functions 1 year below expected grade level.
- ☐ (-4) Chronic problems with attendance, class work effort or behaviors, and/or functions 2 or more years below expected grade level.
- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Youth's IQ 50- 69 | <input type="checkbox"/> Youth's IQ 70+ | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Graduated or GED | <input type="checkbox"/> Truancy from School | <input type="checkbox"/> Expelled |

- ☐ Drop Out
 ☐ On Ground School
 ☐ Disruptive Behavior
☐ Off Ground School

Explain the services provided by your department.

"Click Here and Type"

D6 Victimization

- ☐ (0) No history or indication of sexual abuse, physical abuse, sexual exploitation and/or neglect.
☐ (-1) Suspected sexual abuse, physical abuse, sexual exploitation and/or neglect.
☐ (-3) Substantiated sexual abuse, physical abuse, sexual exploitation and/or neglect.
☐ (-4) Multiple substantiations of sexual abuse, physical abuse, sexual exploitation and/or neglect.
- ☐ Neglect
 ☐ Seeks to be victimized as a result of past abuse
☐ Physical Abuse
 ☐ Sexually assaulted by a person not responsible for care of youth
☐ Sexual Abuse
 ☐ Bullying
☐ Sexual Exploitation

Explain the services provided by your department.

"Click Here and Type"

D7 Sexuality

- ☐ (0) Possesses appropriate knowledge; youth demonstrates responsible sexual behavior.
☐ (-1) Possesses appropriate knowledge but youth involved in incident(s) of inappropriate / irresponsible sexual behaviors.
☐ (-3) Incidents of non-adjudicated criminal sexual conduct or a single criminal sexual conduct adjudication by youth.
☐ (-4) Multiple CSC adjudications perpetrated by youth.
- ☐ Inappropriate Sexual Behavior
 ☐ Predatory Sexual Behavior, Opposite Sex
☐ Incest
 ☐ Predatory Sexual Behavior, Same Sex
☐ Multiple Perpetrator Involved
 ☐ Prostitution
☐ Pedophile
 ☐ Sexually Reactive
☐ Accepts responsibility for adjudicated offense
 ☐ Violence/force
☐ Weapon
☐ Will Accept Offender Step Down
☐ Willing to participate in treatment

Explain the services provided by your department.

"Click Here and Type"

D8 Life Skills

- ☐ (+1) Consistently demonstrates most or all of the following skills: ability to deal effectively with authority figures, assertiveness, decision making, friendship making, planning, problem solving and independent living.
☐ (0) Manages daily routine without intervention and demonstrates some age appropriate life skills.
☐ (-1) Does not consistently demonstrate age appropriate life skills; needs some intervention to manage daily routine.
☐ (-3) Does not demonstrate age appropriate life skills; requires extensive training and assistance to manage daily routine.

Does your program include the following:

- ☐ Vocational Training
 ☐ Employment Opportunities
☐ Information on how to obtain and maintain housing
 ☐ On Grounds
☐ Resource Management
 ☐ Off Grounds
☐ Independent Living Skills
☐ Social Skills
☐ Economic Self Sufficiency

Explain the services provided by your department.

"Click Here and Type"

- D9 Employment** **Admit Youth 16 years of age or older** ☐ Yes ☐ No. **If yes, complete below.**
- ☐ (+1) Currently employed and demonstrates positive work skills.
- ☐ (0) Unemployed but demonstrates adequate work skills.
- ☐ (-1) Currently employed but is experiencing problems on the job which might affect his/her employment.
- ☐ (-2) Unemployed, lacks skills, has no realistic employment goals or employment interest.

Explain the services provided by your department.

"Click Here and Type"

D10 Health Care / Hygiene

- ☐ (+1) Demonstrates appropriate health care/hygiene. No special conditions exist.
- ☐ (0) Special conditions currently exist which are adequately addressed.
- ☐ (-1) Special conditions currently exist which are not adequately addressed. Hygiene is not adequately addressed and/or Youth refuses to regularly follow prescribed medical care.
- ☐ (-2) No evidence of routine health care and/or hygiene. Special conditions exist which severely limits ability to participate in routine activities of daily living. Youth refuses to accept medical treatment.
- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Medically Fragile |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Closed Head Injury | <input type="checkbox"/> Insulin Dependent |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Controlled by medication and diet |
| <input type="checkbox"/> Disabled Physically | <input type="checkbox"/> Uncooperative with treatment |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Pregnancy (1st Trimester) |
| <input type="checkbox"/> Has had previous intervention | <input type="checkbox"/> Pregnancy (2nd Trimester) |
| <input type="checkbox"/> Enuresis | <input type="checkbox"/> Pregnancy (3rd Trimester) |
| <input type="checkbox"/> Controlled with Medication | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Epileptic Seizures, (Controlled with Medication) | <input type="checkbox"/> Wheelchair Bound |
| <input type="checkbox"/> Epileptic Seizures, uncontrolled | <input type="checkbox"/> 24 hour Nursing Needed |
| <input type="checkbox"/> Brittle Bone Disease | <input type="checkbox"/> Encopresis |
| | <input type="checkbox"/> Controlled with Medication |

Explain the services provided by your department.

"Click Here and Type"

D11 After Care Living Situation

- ☐ (0) Youth has appropriate living situation.
- ☐ (-1) Possible living situation exists that requires treatment intervention to be appropriate.
- ☐ (-2) Youth has no appropriate living situation.

Detail the After Care planning services provided by your department.

"Click Here and Type"

Name of the Person Who Completed Form

Date

Signature

Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: PA 280 OF 1939
COMPLETION: Voluntary
PENALTY: None